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021005 IM22/0919
HAMILTON BROOK SMITH AND REYNOLDS, P.C.
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LEXINGTON MA 02421-4799 

An oval-shaped stamp with the letters "O.P.E." at the top. The date "OCT 03 2000" is stamped in the center. To the right, the file number "JC 56 071" is partially visible.

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Claire J. Händelian (Depositor's name)

Claire Johnson (Signature)

09-29-00 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/205,945	12/04/98	015	WALLENHORST, M	1743 09/19/00
First Named Applicant	BOGEN,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION DISPENSING ASSEMBLY WITH INTERCHANGEABLE CARTRIDGE PUMPS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 SAB92-01A2A	422-064.000	\$40	UTILITY	NO YES	\$1,210.00 \$605.00	12/19/00

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.</p>	<p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>Hamilton, Brook, Smith & Reynolds, P.C.</p> <p>2 _____</p> <p>3 _____</p>
<p>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</p> <p>PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p> <p>(A) NAME OF ASSIGNEE CytoLogix Corporation</p> <p>(B) RESIDENCE: (CITY & STATE OR COUNTRY) Cambridge, MA</p> <p>Please check the appropriate assignee category indicated below (will not be printed on the patent)</p> <p><input type="checkbox"/> individual <input checked="" type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government</p>		<p>4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):</p> <p><input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>15</u></p> <hr/> <p>4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>08-0380</u> (ENCLOSE AN EXTRA COPY OF THIS FORM)</p> <p><input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>15</u></p>

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

10/04/2000 DTESSER2 00000040 09205945

01 FC:14P 1210.00 OP
02 FC:561 45.00 OP

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